NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: _____

Total Fee Calculation

	Fee Code	Total = Claims	Number Extra	X	Fee	Fee =	Tc
	Sm./Lg				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101						380
Total Claims >20	203/103	51	-20 = 31	X	9		279
Independent Claims >3	202/102	2	-3 =	X			
Mult. Dep Claim Present	204/104						130
Surcharge	205/105						
English Translation	139						

TOTAL FEE CALCULATION

789

Fees due upon filing the application:

Total Filing Fees Due = $ _____789_____

Less Filing Fees Submitted - $ _____627_____

BALANCE DUE = $ _____162_____

V. Town

Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 5/97)

PATENT APPLICATION FEE DETERMINATION RECORD
Effective November 10, 1998

CLAIMS AS FILED - PART I

SMALL ENTITY TYPE ☐   OR   OTHER THAN SMALL ENTITY

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE				380.00	OR		760.00
TOTAL CLAIMS	51 minus 20=	* 31	X$ 9=	279	OR	X$18=	
INDEPENDENT CLAIMS	2 minus 3 =	*	X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT		Yes	+130=	130	OR	+260=	
			TOTAL	789	OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

SMALL ENTITY   OR   OTHER THAN SMALL ENTITY

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	* 23	Minus	** 51	=	X$ 9=		OR	X$18=	
Independent	* 2	Minus	*** 2	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X$ 9=		OR	X$18=	
Independent	*	Minus	***	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X$ 9=		OR	X$18=	
Independent	*	Minus	***	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
   The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.